

Camp Profile: Roj

November 2023

Hasakeh governorate, Syria

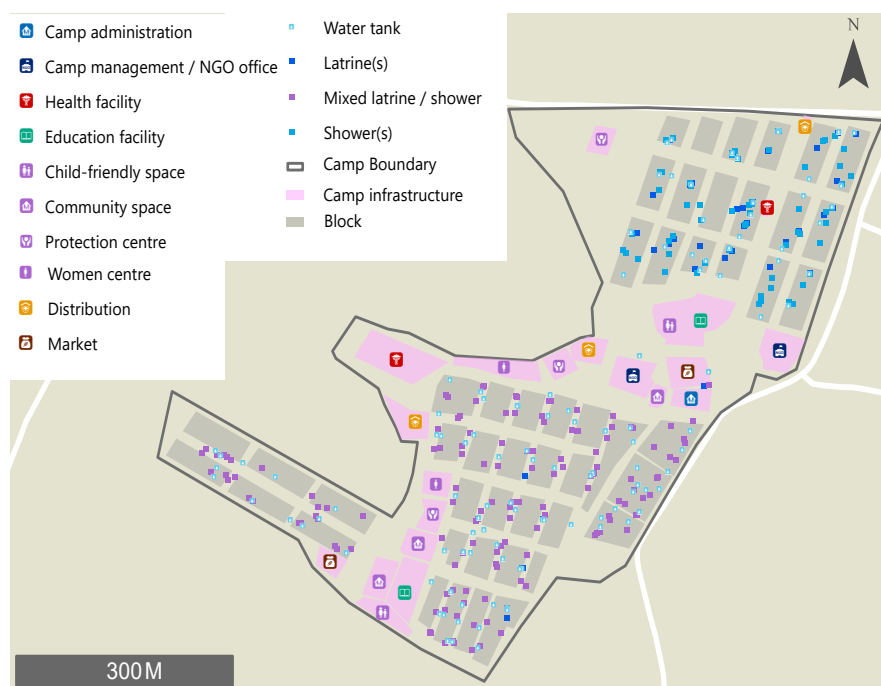
KEY MESSAGES

- Movements in and out of Roj camp were restricted, as reported by the key informant (KI). This can negatively impact households' access to basic services and their ability to transition out of camps.
- Around 40% of households reported plans to leave the camp within 6 months. The main reasons included wanting to return to their areas of origin, safety and security concerns in the camp, and poor shelter conditions.
- One-third of households lacked access to medical care due to expensive medicine and shortages at health centers, with 59% prioritising the need for medicines or supplies.

CONTEXT & RATIONALE

Roj is a formal camp that was established in 2015 near the village of Al-Hakamiya, east of the city of Al-Malikia, to accommodate displaced families from the city of Al-Hasakeh. However, shortly after its opening, the camp site was relocated to the village of Tal Aswad, southeast of Al-Malikia, due to land property issues. During that same year Iraqi families fleeing from Mosul, Anbar, and Salah al-Din settled in the camp. Those families stayed in the camp until the end of 2017. In June 2020, authorities moved foreign families in batches from Al-Hol's annex to Roj's new expansion. The month of July 2021 saw Roj's Expansion 2 initiated by the Self-Administration for Al-Hol's Third Country Nationals (TCN) households.

Camp Overview



METHODOLOGY

This profile provides an overview of humanitarian conditions in Roj camp. Primary data was collected by a partner organisation in November 2023 through an indicative survey of 144 households (HHs). Sampling was based on population figures provided by camp managers. They were included in the assessment as key informants (KIs). Although sampling was stratified by zone, the final results are determined by calculating the weighted average of findings from each zone. Notably, geo-sampling was not permitted in the Annex, which resulted in bias introduced by non-random sampling and rendered results indicative.

CAMP OVERVIEW

Key Informant Data

Number of individuals:	2601
Number of HHs:	803
Number of shelters:	805
First arrivals:	March 2015
Camp area:	0.2 km ²

Camp Location



DEMOGRAPHICS

Key Informant Data

Estimated population breakdown:

Male	Age	Female
0%	61+	1%
3%	18-60	31%
6%	12-17	6%

Not gender segregated

6-11	46%
3-5	4%
0-2	0%

Household Data

Percentage of HHs belonging to vulnerable groups:

Female-headed HHs:	92%	Single heads of HH:	40%
HHs with pregnant/lactating women:	1%	Single female heads of HH:	40%
HHs with infants (0-2 years):	1%	HHs with elderly (>60 years):	6%

SECTORAL MINIMUM STANDARDS

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	4	●
	Average covered living space per person	min 3.5 m ²	6 m ²	●
	Average camp area per person	min 45 m ²	77 m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	29%	●
	Presence of health services within the camp	Yes	Yes	●
Protection	% of HHs reporting safety/security issues in past two weeks	0%	100%	●
Food	% of HHs receiving food assistance in the 30 days prior to data collection (including vouchers and cash for food)	100%	100%	●
	% of HHs with acceptable food consumption score (FCS) ²	100%	61%	●
Education	% of children aged 6-17 accessing education services	100%	85%	●
WASH	Persons per latrine (communal or HH)	max. 20	8	●
	Persons per shower	max. 20	9	●
	Frequency of solid waste disposal	min. twice weekly	Everyday	●

Targets based on Sphere and humanitarian minimum standards.³

● Minimum standard met ● 50-99% of minimum standard met ● 0-49% of minimum standard met

FOOD SECURITY

Household Data

Food Consumption

Percentage of HHs by **Food Consumption Score**⁴ (FCS) category:

Acceptable	61%	<div></div>
Borderline	27%	<div></div>
Poor	12%	<div></div>

Percentage of HHs by **HH Dietary Diversity Score**⁵ (HDDS) category:

High	84%	<div></div>
Medium	12%	<div></div>
Low	5%	<div></div>

Food Assistance

100% of HHs had reportedly received **food assistance** (incl. vouchers and cash for food) in the 30 days prior to data collection. Percentage of HHs reached by reported **type of food assistance received** in the 30 days prior to data collection:

1. Bread distribution	99%	<div></div>
2. Food basket(s)	97%	<div></div>
3. Voucher (for food)	93%	<div></div>

Top three **food items** HHs would like to receive more of (HHs could select up to three options):

1. Pasta (E.G. Spaghetti)	49%
2. Olive Oil	44%
3. Tomato Paste	35%

Food-Based Coping Strategies

Top three **negative food-based coping strategies** reported by HHs (employed at least once in the last seven days):

1. Relied on less preferred or less expensive food	50%	<div></div>
2. Reduced portion size of meals	34%	<div></div>
3. Reduced the number of meals eaten per day	34%	<div></div>

LIVELIHOODS

Household Data

Primary Income Sources

Top three **income sources** reported by HHs for the six months preceding data collection (*HHs could select as many options as applicable. The sum of percentages may exceed 100%*):

1. Loans or support from family or friends outside Syria	66%	<div></div>
2. Work inside camp	16%	<div></div>
3. Don't know	11%	<div></div>

Debt

53% of HHs reported that they had debt. These HHs had a median debt load amounting to **1426529 SYP (105 USD)**.

Top three **reasons for taking on debt** reported by HHs that reported debt (HHs could select up to three options):

1. Food	86%	<div></div>
2. Healthcare	50%	<div></div>
3. Clothing or non-food items (NFI)	41%	<div></div>

Livelihood Coping Strategies

Top three **livelihood-related coping strategies** used in the 30 days prior to data collection reported by HHs (*HHs could select up to three options*):

1. Borrowed money to meet essential needs	37%	<div></div>
2. Reduce non-food essential expenses (health, education, etc.)	34%	<div></div>
3. Spend savings to meet essential needs	24%	<div></div>

SHELTER ADEQUACY

Key Informant Data

Average number of people per HH:* **3**

Average number of shelters per HH:* **1**

Occupation rate of shelters in camp:* **100%**

*calculation based on KI interviews

Top three **shelter needs** reported by KIs:

1. New Tents
2. Additional Tents
3. Plastic Sheeting




Risks of **flooding** as reported by KIs:

Percentage of tents prone to flooding: 0%

Presence of water drainage channels in shelters: Yes All




Household Data

Top three most commonly reported **shelter item needs** reported by HHs (*HHs could select up to three options*):




1. Plastic sheeting or Tarpaulins **56%** 
2. New tents **42%** 
3. Rope **36%** 

4% of HHs reported **hazards** in their block such as **uncovered pits (3%)** and **electricity hazards (2%)**.

Most commonly reported **light sources** inside shelters (*HHs could select as many options as applicable. The sum of percentages may exceed 100%*):

1. Light powered by public electricity network **99%** 
2. Light powered by solar panels **27%** 
3. Rechargeable flashlight or battery-powered lamp **2%** 

Most commonly used **kitchen types** reported by HHs:

1. Communal kitchen **67%** 
2. Makeshift kitchen **26%** 
3. Cooking inside inhabited shelter **5%** 

FIRE SAFETY

Key Informant Data

As reported by KIs, one fire extinguisher per two tents was available to camp residents. KIs also reported that camp management had provided camp residents with fire safety information in the three months prior to data collection.

Household Data

96% of HHs reported that they **had received information about fire safety**, of which **3%** reported difficulties with comprehending the information. **94%** reported knowing of a fire point in their block.

NFI NEEDS

Key Informant Data

Top three anticipated NFI needs for the three months following data collection, as reported by KIs:

1. Cooking fuel
2. Cooking stoves
3. Clothing, Kitchen utensils, Sources of light

WATER

Water Sources

Primary water sources reportedly used by HHs:

- | | | |
|--|-----|-------------|
| 1. Public tap/standpipe (e.g. from water tank) | 78% | <div></div> |
| 2. Piped connection to house (or neighbour's) | 20% | <div></div> |
| 3. Bottled water | 2% | <div></div> |

Drinking water issues reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

- | | | |
|----------------------------------|-----|-------------|
| 1. Reduced water supply | 33% | <div></div> |
| 2. Water had chlorine smell | 9% | <div></div> |
| 3. Insufficient storage capacity | 6% | <div></div> |

Water Coping Strategies

40% of HHs reportedly used **negative coping strategies** to address a lack of water in the two weeks prior to data collection.

Most commonly used negative coping strategies reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

- | | | |
|---|-----|-------------|
| 1. Received water from neighbour(s) as gift | 28% | <div></div> |
| 2. Modified hygiene practices (bathe less, etc) | 15% | <div></div> |
| 3. Reduced drinking water consumption | 9% | <div></div> |

SANITATION AND HYGIENE

Latrines and Shower Definitions

Communal latrines and showers are shared by more than one HH.

HH latrines and showers are only used by one HHs.

This can also include informal designations which are not officially enforced.

A **shower** is defined as a designated place to shower, as opposed to bathing in a shelter (i.e., using a bucket).

Latrines

Primarily used latrine types reported by HHs:

- | | | |
|--------------------------|-----|-------------|
| 1. Pit latrine with slab | 99% | <div></div> |
| 2. Composting toilet | 1% | <div></div> |
| 3. Flush/pour flush | 0% | <div></div> |

Percentage of HHs reporting members **not being able to access latrines** (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

- | | | |
|--------------------------------|-----|-------------|
| 1. Everyone can access toilets | 97% | <div></div> |
| 2. Men (18+) | 1% | <div></div> |
| 3. Old persons (65+) | 1% | <div></div> |

Showers

Primarily used shower types reported by HHs:

- | | | |
|---|-----|-------------|
| 1. Communal showers | 43% | <div></div> |
| 2. Private showers inside shelter | 29% | <div></div> |
| 3. Bathing inside shelter (not in a shower) | 26% | <div></div> |

Handwashing and Soap

65% of HHs reported they did **not have access to a private handwashing** facility.

97% of HHs reported **having hand/body soap** available at the time of data collection.

27% of HHs reported **difficulties obtaining hand/body soap**. Among all HHs:

- | | | |
|------------------------------------|-----|-------------|
| 1. Soap distributed was not enough | 24% | <div></div> |
| 2. Soap was too expensive | 7% | <div></div> |
| 3. Soap was of poor quality | 4% | <div></div> |

WASTE DISPOSAL

Household Data

Top three most common **waste-disposal related challenges** reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

- | | | |
|---|-----|---|
| 1. Insufficient number of bins | 19% | ■ |
| 2. Insufficient number of garbage bags within household | 3% | |
| 3. Bins were overfilled/garbage on the ground | 1% | |

Key Informant Data

Primary waste disposal system: Collection by NGO

Disposal location: Landfill 4km from the camp

Sewage system: Sewage Network

HEALTH

General Health

Key Informant Data

According to KIs, there are 2 health facilities available inside the camp. Furthermore, there is a functional, accessible health facility available 17km outside the camp.

Household Data

Of the **86%** of HHs who reportedly required treatment in the 6 months prior to data collection, **75%** reported barriers to accessing medical care. Of HHs who reported barriers, the most commonly reported barriers were:

- | | |
|---|-----|
| 1. Cannot afford price of medicines | 41% |
| 2. Lack of medicines and/or medical equipment at facilities | 39% |
| 3. Specialized services not available | 29% |

1 % of HHs reported that a **member had given birth** after moving to the camp.

Child and Infant Health

Key Informant Data

Camp management did not report that infant nutrition items had been distributed in the 30 days prior to data collection. The following **nutrition activities** reportedly took place in the past 3 months prior to data collection⁸:

Screening and referral for malnutrition:	YES
Treatment for moderate-acute malnutrition:	YES
Treatment for severe-acute malnutrition:	NO
Micronutrient supplements:	NO
Blanket supplementary feeding program:	NO
Promotion of breastfeeding:	YES

Household Data

Percentage of children under five years old that were reportedly vaccinated against polio ⁷	29%
Percentage of children under two years old that had reportedly received the DTP vaccine ⁸	100%
Percentage of children under five years old that had reportedly received the MMR vaccine ⁸	23%

CAMP MANAGEMENT & COMMITTEES

Household Data

Top three **sources of information** reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Friends and neighbours (word of mouth) **68%**
2. Community mobilizers **63%**
3. Camp management **48%**

Top three **information needs** reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Security situation in your area of origin (ongoing armed conflict, etc) **75%**
2. Livelihood and job opportunities in area of origin **23%**

"Other" responses which are not displayed on the graph were reported by 41% of respondents.

All camp managers reported that a complaint mechanism exists with a **special mechanism adapted to the Annex**. Knowledge of mechanisms reported by HHs:

- Reported knowing who manages the camp: **73%**
- Reported to be unsure who manages the camp: **25%**
- Reported knowing of a complaint box in the camp: **79%**
- Reported knowing who to contact to raise concerns: **89%**

Key Informant Data

Committees reported to be present:

Camp management	YES	Youth committee	YES
Women's committee	NO	Maintenance committee	YES
WASH committee	YES	Distribution committee	NO
Health committee	YES		

DISPLACEMENT

Household Data

Movement intentions for the 12 months following data collection reported by HHs:

- Remain in the camp **28%**
- Return to area of origin **41%**
- Move abroad **1%**
- Do not know **30%**

Most commonly reported resources that would enable HHs **to leave the camp**:

1. Permission to leave the camp **69%**
2. Information about return/resettlement options **27%**
3. Logistical support in moving **11%**

Key Informant Data

Movement in the 30 days prior to data collection:

New arrivals: 32 individuals

Departures: 0 individuals

FREEDOM OF MOVEMENT

99% of HHs reportedly had experienced **barriers when trying to leave the camp** in the two weeks prior to data collection.

1. Leave is prohibited **72%**
2. Site departure conditions (need approval) **22%**
3. Transportation options available but too expensive **5%**

Conditions necessary to **leave the camp**, as reported by HHs:

1. Residents need to provide a medical reason **88%**
2. Residents need to provide a reason, but non-medical reasons are accepted **9%**
3. Residents are not allowed to leave, even if they have a medical reason **1%**

PROTECTION

10% of HHs reported a **birth certificate** issued by either the Government of Syria or local authorities as missing.

69% of all HHs reported that at least one **adult** suffered or showed signs of **psychosocial distress or trauma** such as nightmare, lasting sadness, extreme fatigue, being often tearful or extreme anxiety, in the last 30 days.

14% of HHs with children aged 0 -17 reported that at least one **child** suffered or showed signs of **psychosocial distress or trauma** such as nightmare, lasting sadness, extreme fatigue, being often tearful or extreme anxiety, in the last 30 days.

Child Protection

4% of HHs reported child protection concerns in the camp. Among those, the most commonly reported concerns included:

1. Children being at risk of violence inside or outside the home **3%**
2. Mental/psychological abuse of children **1%**

81% of HHs with at least one child reported **knowing about child-friendly spaces** in the camp.

86% of HHs reportedly knowing about designated spaces for children reported that a child from their HH **attended a child-friendly space** in the 30 days prior to data collection.

Gender-Related Protection

80% of HHs with at least one woman or girl above the age of 11 reported **knowing about designated spaces for women and girls** in the camp.

73% of HHs reportedly knowing about designated spaces for women and girls reported that female members of their HH **attended a designated space for women and girls** in the 30 days prior to data collection.

CHILDREN WORKING

3% of HHs with **children between the ages of 12-17** reported that at least one child in that age group was working at the time of data collection. Among those (a subset of 3 HHs), the most reported activities were:




1. Work for others (not harsh/dangerous) **69%**
2. Collecting things from trash to sell **15%**
3. Domestic labour **15%**

SCHOOL ATTENDANCE (CHILDREN AGED 6-17)



Household Data

85% of children aged 6-17 were reportedly **going to school either inside or outside the camp.**




84% of all **girls between 6 and 11** in the camp were reportedly going to school inside the camp. None were reportedly attending school outside the camp. On a subset of 11 HHs, the main barriers to education reported by HHs where at least one girl aged 6 to 11 did not attend school:

- | | | |
|--|------------|---|
| 1. Child did not want to attend | 47% |  |
| 2. Safety/security concerns | 25% |  |
| 3. Schools closed/educational services suspended due to reason | 13% |  |




86% of all **boys between 6 and 11** in the camp were reportedly going to school inside the camp. None were reportedly attending school outside the camp. On a subset of 13 HHs, the main barriers to education reported by HHs where at least one boy aged 6 to 11 did not attend school:

- | | | |
|---------------------------------|------------|---|
| 1. Child did not want to attend | 46% |  |
| 2. Safety/security concerns | 11% |  |

61% of all **girls between 12 and 17** in the camp were reportedly going to school inside the camp. None were reportedly attending school outside the camp. On a subset of 21 HHs, the main barriers to education reported by HHs where at least one girl aged 12 to 17 did not attend school:

- | | | |
|---|------------|---|
| 1. Child did not want to attend | 51% |  |
| 2. Education was not considered important | 29% |  |
| 3. Temperatures (too hot/too cold) | 11% |  |

76% of all **boys between 12 and 17** in the camp were reportedly going to school inside the camp. 1% were reportedly attending school outside the camp. On a subset of 14 HHs, the main barriers to education reported by HHs where at least one boy aged 12 to 17 did not attend school:




- | | | |
|--|------------|---|
| 1. Child did not want to attend | 29% |  |
| 2. Disability (lack of access/inclusion) | 22% |  |
| 3. Fear of spread of other disease | 18% |  |

EARLY CHILDHOOD DEVELOPMENT (3-5 YEARS OLD)

Household Data

86% of 3-5 year old children in the HHs reportedly received early childhood **education**

On a subset of 12 HHs, the most commonly reported barriers to early childhood education among HHs where at least one 3-5 year old did not attend (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

- | | | |
|---|------------|---|
| 1. Child did not want to attend | 58% |  |
| 2. School was too far away / no transport available/transport too expensive | 25% |  |
| 3. No education for children of a certain age | 17% |  |

EDUCATIONAL FACILITIES

Key Informant Data

According to KIs, there were 2 in-person operational educational facility available in the camp offering the UNICEF curriculum to children aged 3 to 17. Certification was not reported to be available at facilities.

METHODOLOGY OVERVIEW

The data collection process for this camp profiling employed three distinct methodologies: KI interviews, HH interviews collected by Blumont organisation, and in-field mapping data collection. KI interviews serve as a primary source of information, providing insights into camp management, services, and infrastructure. One KI interview conducted with camp managers was conducted for each camp. HH interviews were carried out using a convenience, non-random sampling method. Sample size was determined to potentially achieve a 95% confidence interval and 10% margin of error, had data collection been random. Sampling was based on population figures supplied by camp management. During the assessment, a challenge arose in the Annex zone due to security concerns limiting access. REACH adapted the approach, focusing on interviewing IDPs both in front of their shelters as well as at locations where training sessions, meetings, or organized activities occurred. This potentially introduced a source of bias, with HHs that were more likely to participate in organised activities being overrepresented. Therefore, data presented in this factsheet must be considered indicative. The in-field mapping data collection technique involved a physical visit to camp facilities, documenting precise locations using KoBo, and assessing available services. Data collected through in-field mapping was compared with KI interviews for a holistic understanding of camp infrastructure and services. All Camps and Displacement products remain accessible on the [REACH Resource Centre](#).

ENDNOTES

¹ [UN Humanitarian Briefing on Iraq](#). (March 2003).

² The United Nations World Food Programme (WFP). (May 2014). WFP Food Consumption Score - Technical Guidance Sheet. Retrieved from: <https://fscluster.org/>

³ [Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response](#). (2018) [UNHCR Emergency Handbook](#).

⁴ The United Nations World Food Programme (WFP). (May 2014). WFP Food Consumption Score - Technical Guidance Sheet. Retrieved from: <https://fscluster.org/>

⁵ [UN Food and Agriculture Organisation \(2011\) Guidelines for Measuring HH and Individual Dietary Diversity](#).

⁶ [REACH Initiative, NES Market Monitoring Exercise 22-November](#)

⁷ Vaccination strategies are tailored to address the vulnerabilities of specific age groups. Children under 5 years old are particularly susceptible to polio, with most cases occurring within this age range. Immunizing children under 5 becomes imperative as it provides protection during their most vulnerable phase, effectively curbing transmission and establishing herd immunity against polio outbreaks. [Reference: World Health Organization (WHO), UNICEF, and Rotary International: <https://www.unicef.org/partnerships/rotary>]

⁸ Infants and young children are especially at risk of diseases targeted by the DTP vaccine. Diseases like pertussis can have severe consequences for infants, making vaccination crucial before potential exposure. Vaccinating children under 2 mitigates disease outbreaks and fosters herd immunity. Conversely, the MMR2 vaccine is strategically administered later, typically around 4 to 6 years old, factoring in crucial developmental considerations. Administering certain vaccines, like the MMR vaccine, to very young children may not yield optimal immunity due to developing immune systems and maternal antibodies interference. The vaccine's timing, carefully orchestrated to minimize visits and optimize schedules, ensures its effectiveness. These tailored vaccination timelines are anchored in scientific rationale, enhancing the overall impact of immunization efforts. <https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>

⁹ In camp health assessments, medical facilities are typically established, enabling regular communication and the submission of comprehensive medical reports. When a camp lacks medical facilities and an IDP requires external treatment, the IDP provides medical documentation upon their return, explaining the need for their absence. This practice ensures effective health monitoring and reporting, even in camps without on-site medical services.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).